

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: **Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.**

1. Agency/Subagency originating request Dept. of Education, Office of Special Education and Rehabilitative Services U.S. Department of Education, Office of Special Education and Rehabilitative Services, Rehabilitati		2. OMB control number: b. [X] None a. _____ 1820	
3. Type of information collection (check one): a. [X] New Collection b. [] Revision of a currently approved collection c. [] Extension of a currently approved collection d. [] Reinstatement, without change , of a previously approved collection for which approval has expired e. [] Reinstatement, with change , of a previously approved collection for which approval has expired f. [] Existing collection in use without an OMB control number For b-f, note Item A2 of Supporting Statement instructions		4. Type of review requested (check one): a. [X] Regular <input type="checkbox"/> b. [] Emergency – Approval request by: c. [] Delegated 5. Small entities: Will this information collection have a significant economic impact on a substantial number of small entities? Yes [] No [X] 6. Requested expiration date: a. [X] Three years from the approval date b. [] _____	
7. Title Written Application for the Independent Living Services for Older Individuals Who are Blind Formula Grant (SC)			
8. Agency form number(s) (if applicable): N/A			
9. Keywords: Older Blind, Individuals with Disabilities, Federal aid to States, Program Administration, Independent Living			
10. Abstract: This document is used by States to request funds to administer the Independent Living Services for Older Individuals Who are Blind (IL-OIB) program. The IL-OIB is provided for under Title VII, Chapter 2 of the Rehabilitation Act of 1973, as amended (Act) to assist individuals who are age 55 or older whose significant visual impairment makes competitive employment extremely difficult to attain but for whom independent living goals are feasible.			
11. Affected public (Mark primary with "P" and all others that apply with "X") a. ___ Individuals or households d. ___ Farms b. ___ Businesses or other for-profit e. ___ Federal Government c. ___ Not-for-profit institutions f. <u>P</u> State, Local, or Tribal Government		12. Obligation to respond (Mark primary with "P" and all others that apply with "X") a. [] Voluntary b. [P] Required to obtain or retain benefits c. [] Mandatory	
13. Annual reporting and recordkeeping hour burden: a. Number of respondents 56 b. Total annual responses 56 1. Percentage of these responses collected electronically 0% c. Total annual hours requested 9 d. Current OMB inventory 0 e. Difference (+/-) 9 f. Explanation of difference 1. Program change 9 2. Adjustment 0		14. Annual reporting and recordkeeping cost burden (in thousands of dollars): a. Total annualized capital/startup costs 0 b. Total annual costs (O&M) 0 c. Total annualized cost requested 0 d. Current OMB inventory 0 e. Difference (+/-) 0 f. Explanation of difference 1. Program change 0 2. Adjustment 0	
15. Purpose of information collection (Mark primary with "P" and all others that apply with "X"): a. [] Application for benefits e. [] Program planning or management b. [] Program evaluation f. [] Research c. [] General purpose statistics g. [X] Regulatory or compliance d. [] Audit		16. Frequency of recordkeeping or reporting (check all that apply): a. [] Recordkeeping b. [] Third party disclosure c. [X] Reporting 1. [] On occasion 2. [] Weekly 3. [] Monthly 4. [] Quarterly 5. [] Semi-annually 6. [] Annually 7. [] Biennially 8. [X] Other (describe) every three years	
17. Statistical methods: Does this information collection employ statistical methods? [] Yes [X] No		Agency contact (person who can best answer questions regarding the content of this submission): Name: Suzanne Mitchell Phone No: 202-245-7454 Sheila Carey 202 245-6432	

19. Certification for Paperwork Reduction Act Submissions:

On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous language that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3) about:
 - (i) Why the information is being collected;
 - (ii) Use of information;
 - (iii) Burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
 - (v) Nature and extent of confidentiality; and
 - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (i) It uses effective and efficient statistical survey methodology (if applicable); and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Senior Official or designee:

Date: